MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (167)

11060

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:

County Howard

City or town Jessups
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard

City or town Jessup Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR World War

3. (a) FULL NAME Morton Bradley Bond

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or wife~~: Mary A. Bond

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov. 6, 1895

8. AGE: Years 43 | Months — | Days 11 | If less than one day ____ hrs. ____ min.

9. Birthplace: Jessup Md.
(Town, county, and state)

10. Usual occupation: Clerk

11. Industry or business: B&O R.R.

FATHER
12. Name: Nimrod Bond
13. Birthplace: Laurel Md.

MOTHER
14. Maiden name: Margarete Bradley
15. Birthplace: Boston Mass

16. Informant: Bessie M. Bennett
Address: Jessup Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Nov. 20, 1939 (month) (day) (year)

Cemetery ~~or crematory~~: Ivy Hill

Location: Laurel Md.

18. Funeral director: DeWitt Donaldson
Address: Laurel Md.

19. 11/18/39 (Date rec'd by registrar) 19 Frank Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-17 1939, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-17 1939, to 11-17 1939, and that I last saw him alive on 11-17 1939.

Immediate cause of death: Gunshot wound of head

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy: none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or hemicide: suicide Date of: 11-17-39

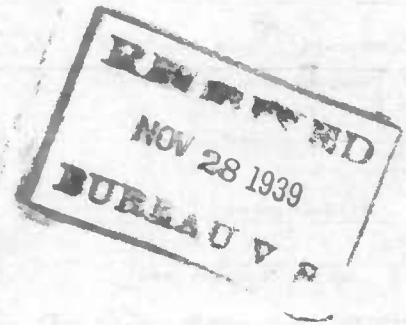
Where did injury occur? Jessups (City or town) Howard (County) Md. (State)

Injured at home, farm, industry, public place (where?): home

Means of injury: shotgun Injured at work? no

23. SIGNATURE: George E. Burgtorf MD
Acting Deputy Medical Examiner Howard Co.
M.D. or other

Address: Ellicott City, Md. Date signed: 11-18-39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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)

CERTIFICATE OF DEATH

11061

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct data is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Howard Co

City or town: Boles Ville near Laurel

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 65 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Howard Co.

City or town: Near Laurel R. F. D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George Boston

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife: Single

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 18 1874

8. AGE: Years	Months	Days	If less than one day
66	1	10	hrs. min.

9. Birthplace: Howard Co. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER — 12. Name: Thomas Boston

13. Birthplace: Unknown

MOTHER — 14. Maiden name: Unknown

15. Birthplace:

16. Informant: Charles Boston

Address: 23 S Shroeder Balto Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 1 1939 (month) (day) (year)

Cemetery or crematory: Homestead burial Ground

Location: Small town, Near Laurel Howard Co.

18. Funeral director: Ridgley Selby.

Address: 401 Washington Laurel Md

19. 11/30/39 (Date rec'd by registrar) Mark H. Shipley, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 28 1939, at 9:A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-28 1939, to 11-28 1939, and that I last saw him alive on 11-16-39 1939

	DURATION
Immediate cause of death: Heart Failure	11-28-39
Due to: Syphilitic Aortitis	—
Due to: Syphilis	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: J. M. Mayer M. D. or other

Address: Laurel Md Date signed 11-30-39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

11062

(93-2)

1. PLACE OF DEATH

County Howard Registration Dist. No. 195

Village or City Atholton No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Albina Lorangar Bruun

(a) Residence: No. Atholton Md St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Edward Lewis Bruun

6. DATE OF BIRTH (month, day, and year) 1851

7. AGE Years 88 Months ? Days ? If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montreal Canada

FATHER
13. NAME Ubald Loranger
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Albina Daigle
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) C. S. Morton Gessups Md R.2 D.

18. BURIAL, CREMATION, OR REMOVAL
Place Guilford Md Date Dec 1, 1939

19. UNDERTAKER (Address) Lloyd Kaiser Laurel Md

20. FILED 11/30/39 19 Frank Shipley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August-15, 1937, to November 29, 1939
I last saw her alive on November 27, 1939; death is said to have occurred on the date stated above, at 4 40 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	11-29-39

Other Contributory Causes of importance:

Chronic Myocardial Degeneration
Senility 1919

Name of operation none Date of
Whet test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Robert Sardo M. D.
(Address) Clarksville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11063

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Howard

City or town Ellicott City

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Howard

City or town Ellicott City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Fells Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Andrew Thomas Carey

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Laura Jane Carey

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1860

8. AGE:

Years	Months	Days	If less than one day
78	11	20	____ hrs. ____ min.

9. Birthplace Grays, Howard Co. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Cornelius Carey

13. Birthplace Md.

MOTHER 14. Maiden name Alice Berry

15. Birthplace Md

16. Informant Mrs. John Roache

Address Ellicott City Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-16-39 (month) (day) (year)

Cemetery or crematory Good Shepherd

Location Rockland, Md.

18. Funeral director J. C. Negus & Brothers Jr

Address Ellicott City Md

19. Nov 15, 1939 (Date rec'd by registrar) John B. Laughran. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1939, at 2:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-17-1939, to 11-13-1939, and that I last saw him alive on 11-13-1939

Immediate cause of death Lobar Pneumonia — DURATION 4 weeks

Due to —

Due to —

Other conditions myocarditis

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE George Burgdorf M.D. M. D. or other

Address Ellicott City, Md. Date signed 11-15-39

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131)

11064

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:

County Howard

City or town Ellicott City Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard

City or town Ellicott City Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harriett Priscilla Dewey

3. (b) Social Security Number None

4. Sex F

5. Color or race W

6.(a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Robert Dewey

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1855

8. AGE: Years 84 Months 7 Days 1 If less than one day hrs. min.

9. Birthplace Howard County
(Town, county, and state)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name James Curtis
13. Birthplace Md

MOTHER
14. Maiden name Mary Wells
15. Birthplace Md

16. Informant George Dewey
Address Ellicott City Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Nov. 8, 39
(month) (day) (year)

Cemetery or crematory Trinity Chapel Cemetery

Location Pfeffers Corner

18. Funeral director H. Higinbothom Jr
Address Ellicott City Md

19. 11/8/39. 19 Frank Shipley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1939, at 10 50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1939, to Nov 6 1939,
and that I last saw her alive on Nov 5 1939.

Immediate cause of death Acute Myocarditis

DURATION 24 hrs

Due to Chronic Parenchymatous Nephritis

?

Due to Auth. Oedema

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank O Miller M.D.
M. D. or other

Address Ellicott City Md Date signed Nov 7/39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

11065

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Howard
City or town Savage
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town Savage Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary J. Golden

3. (b) Social Security Number

4. Sex F | 5. Color or race Wh | 6.(a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife J. H. Golden

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) June 10th 1862

8. AGE: Years 77 | Months 4 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name James W Hawkins

13. Birthplace Va

MOTHER 14. Maiden name Elizabeth Brown

15. Birthplace Va

16. Informant J. W Golden

Address Savage Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof Nov 10th 1939
(month) (day) (year)

Cemetery or crematory

Location Thurmont Va

18. Funeral director Lloyd Lauer

Address Laurel Md.

19. 11/8/39. 19 (Date rec'd by registrar) Frank Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7th 1939, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 26 1939, to Nov. 7th 1939, and that I last saw her alive on Nov. 7th 1939

Immediate cause of death Arteria-sclerosis

Due to Chr. Nephritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

DURATION
?

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Shipley M. D. or other

Address Savage, Md. Date signed 11/7/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

CERTIFICATE OF DEATH

11066

Reg. Dist. No. 196

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Howard

City or town Simpsonville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Simpsonville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ellen Hall

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife Amos Hall

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1847

8. AGE:

Years	Months	Days	If less than one day
92	0	4	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER

12. Name unknown

13. Birthplace "

MOTHER

14. Maiden name Katherine Barnes

15. Birthplace unknown

16. Informant Louis Tully

Address Simpsonville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 12 1939 (month) (day) (year)

Cemetery or crematory Locust Chapel

Location Athelton, Howard Co.

18. Funeral director H. C. Higinbotham

Address Locust City Md

19. 11/12 1939 S. A. Nichols

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1939, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 5 1939, to Nov 10 1939, and that I last saw h alive on Nov 5 1939.

	DURATION
Immediate cause of death Inflammation of Lungs	
Primary cause: Arteriosclerosis	
Due to Duration: many years prior	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S A Nichols M. D. or other

Address Clarksville Date signed Nov 12

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11067

(92-a)

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Howard

City or town: Near Laurel Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insl. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Howard

City or town: Near Laurel Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Gladys E Lehr

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife: Harry A. Lehr.

(c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): Oct. 3 - 1908

8. AGE:

Years	Months	Days	If less than one day
31	1	8	hrs. min.

9. Birthplace: H Howard Co Md.

(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER

12. Name: James W. Leishear

13. Birthplace: Md

MOTHER

14. Maiden name: Pearl Harding

15. Birthplace: Md

16. Informant: Harry A. Lehr

Address: Laurel Md R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 13-39 (month) (day) (year)

Cemetery or crematory: Emanuel Cem

Location: Howard Co. Md

18. Funeral director: Lloyd Kaiser

Address: Laurel Md.

19. 11/12/39. (Date rec'd by registrar) 19 — Frank Shipley, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 11 1939, at 8:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 10 1939, to Nov 11 1939, and that I last saw her alive on Nov 11 1939.

	DURATION
Immediate cause of death: Acute Cardiac Dilatation	11-10-39
Due to: Mitral Stenosis from Rheumatic Cardiac disease	1-2-36
Due to:	
Other conditions: Acute Bronchitis	11-1-39

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J M Warren MD M. D. or other

Address: Laurel Date signed Nov

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STATE OF MARYLAND—CERTIFICATE OF DEATH

11068

1. PLACE OF DEATH

County Howard Registration Dist. No. 190

Village or City Elkridge R.F.D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Turner

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 15/39

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

(Stillborn)

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elkridge R.F.D.
(State or country) Howard Co. Md

FATHER

13. NAME Eli Purnell Turner

14. BIRTHPLACE (city or town) Elkridge
(State or country) Md

MOTHER

15. MAIDEN NAME Alice Howard

16. BIRTHPLACE (city or town) Elkridge
(State or country) Md.

17. INFORMANT Alice [illegible] Turner
(Address) Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stevens Data 11/15/, 1939

19. UNDERTAKER None employed
(Address)

20. FILED Nov. 15, 1939 (Miss) E. Bird Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 15, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1939 to Nov 15, 1939

I last saw her alive on ?, 19; death is said to have occurred on the date stated above, at ? m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Stillborn (about 6 months)	11/15/39

Other Contributory Causes of Importance: Unknown

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ?

If so, specify

(Signed) B. B. Brumbaugh Jr. M. D.

(Address) Elkridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN